
| | | | |
|-----------------------------|---------------------------------------|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Genworth Life Insurance Company |
| TOI/Sub-TOI: | L08 Life - Other/L08.000 Life - Other | | |
| Product Name: | GNW1800 0812 | | |
| Project Name/Number: | GNW1800 0812/GNW1800 0812 | | |

Filing at a Glance

| | |
|---------------------------|---|
| Company: | Genworth Life Insurance Company |
| Product Name: | GNW1800 0812 |
| State: | Arkansas |
| TOI: | L08 Life - Other |
| Sub-TOI: | L08.000 Life - Other |
| Filing Type: | Form |
| Date Submitted: | 09/24/2012 |
| SERFF Tr Num: | GEFA-128698975 |
| SERFF Status: | Closed-Approved-Closed |
| State Tr Num: | |
| State Status: | FEES PAID |
| Co Tr Num: | GNW1800 0812 |
| Implementation | On Approval |
| Date Requested: | |
| Author(s): | Brenda Bond, Ronald Jackson, Lisa Davis |
| Reviewer(s): | Linda Bird (primary) |
| Disposition Date: | 09/27/2012 |
| Disposition Status: | Approved-Closed |
| Implementation Date: | |
| State Filing Description: | |

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: GNW1800 0812
Project Name/Number: GNW1800 0812/GNW1800 0812

Filing Company: Genworth Life Insurance Company

General Information

Project Name: GNW1800 0812
Project Number: GNW1800 0812
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Brenda Bond

Filing Description:
Re: Genworth Life and Annuity Insurance Company
NAIC# 4011-65536 FEIN# 54-0283385

Genworth Life Insurance Company
NAIC# 4011-70025 FEIN# 91-6027719

GNW1800 0812, Important notice: replacement of life insurance or annuities

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Not filed in Delaware (GLIC)
Pending in Virginia (GLAIC)
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/27/2012
State Status Changed: 09/24/2012
Created By: Brenda Bond
Corresponding Filing Tracking Number:

The referenced form is enclosed for your review and approval. This is a new form and will not replace any existing form. This form is also being filed under Genworth Life and Annuity Insurance Company.

GNW 1800 0812 will be used for both life insurance policies and annuity contracts. It will be used to meet the replacement requirements in your state.

If there are any questions, please contact me using the information provided below.

Sincerely,

Brenda Bond
Contract Analyst
email: brenda.bond@genworth.com
Phone: (804) 922-5133
Fax: (804) 281-6057

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: GNW1800 0812
Project Name/Number: GNW1800 0812/GNW1800 0812

Filing Company: Genworth Life Insurance Company

Company and Contact

Filing Contact Information

Brenda Bond, Contract Analyst
6610 W Broad Street
RI&I - 3rd Floor
Richmond, VA 23230

brenda.bond@genworth.com
804-922-5133 [Phone]
804-281-6057 [FAX]

Filing Company Information

Genworth Life Insurance Company
6610 W Broad Street
Richmond, VA 23230
(804) 281-6600 ext. [Phone]

CoCode: 70025
Group Code: 4011
Group Name:
FEIN Number: 91-6027719

State of Domicile: Delaware
Company Type: LifeHealth &
Annuity
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

| Company | Amount | Date Processed | Transaction # |
|---------------------------------|---------|----------------|---------------|
| Genworth Life Insurance Company | \$50.00 | 09/24/2012 | 63001093 |

| | | | | | |
|-----------------------------|---------------------------------------|--------------------------|---------------------------------|----------------------------|--------------|
| SERFF Tracking #: | GEFA-128698975 | State Tracking #: | | Company Tracking #: | GNW1800 0812 |
| | | | | | |
| State: | Arkansas | Filing Company: | Genworth Life Insurance Company | | |
| TOI/Sub-TOI: | L08 Life - Other/L08.000 Life - Other | | | | |
| Product Name: | GNW1800 0812 | | | | |
| Project Name/Number: | GNW1800 0812/GNW1800 0812 | | | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 09/27/2012 | 09/27/2012 |

Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|----------|-------------------------------|-------------|------------|----------------|
| Form | Important notice: replacement | Brenda Bond | 09/24/2012 | 09/24/2012 |

| | | | | | |
|-----------------------------|---------------------------------------|--------------------------|---------------------------------|----------------------------|--------------|
| SERFF Tracking #: | GEFA-128698975 | State Tracking #: | | Company Tracking #: | GNW1800 0812 |
| | | | | | |
| State: | Arkansas | Filing Company: | Genworth Life Insurance Company | | |
| TOI/Sub-TOI: | L08 Life - Other/L08.000 Life - Other | | | | |
| Product Name: | GNW1800 0812 | | | | |
| Project Name/Number: | GNW1800 0812/GNW1800 0812 | | | | |

Disposition

Disposition Date: 09/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|-------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Variability | | Yes |
| Form (revised) | Important notice: replacement | | Yes |
| Form | Important notice: replacement | Replaced | Yes |

| | | | | | |
|-----------------------------|---------------------------------------|--------------------------|---------------------------------|----------------------------|--------------|
| SERFF Tracking #: | GEFA-128698975 | State Tracking #: | | Company Tracking #: | GNW1800 0812 |
| State: | Arkansas | Filing Company: | Genworth Life Insurance Company | | |
| TOI/Sub-TOI: | L08 Life - Other/L08.000 Life - Other | | | | |
| Product Name: | GNW1800 0812 | | | | |
| Project Name/Number: | GNW1800 0812/GNW1800 0812 | | | | |

Amendment Letter

Submitted Date: 09/24/2012

Comments:

My apologies. I noticed AFTER I sent filing that I attached the wrong file under the Forms tab. I have corrected. that error.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|--------------|-----------|-------------------|---------------------|-------------------|-------------------|-----------------|-------------------|--------------------------------|
| GNW1800 0812 | Other | Important notice: | Initial replacement | | | | 50.000 | GNW1800_0812_st atefile.pdf |

| | | | |
|-----------------------------|---------------------------------------|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Genworth Life Insurance Company |
| TOI/Sub-TOI: | L08 Life - Other/L08.000 Life - Other | | |
| Product Name: | GNW1800 0812 | | |
| Project Name/Number: | GNW1800 0812/GNW1800 0812 | | |

Form Schedule

| Lead Form Number: GNW1800 0812 | | | | | | | |
|--------------------------------|----------------------|--------------|-----------|-------------------------------|------------------------------|-------------------|-----------------------------|
| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/ Action Specific Data | Readability Score | Attachments |
| 1 | | GNW1800 0812 | OTH | Important notice: replacement | Initial: | 50.000 | GNW1800_0812_statefile .pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |

Important notice: replacement of life insurance or annuities

from Genworth Life and Annuity Insurance Company
and Genworth Life Insurance Company

Page 1 of 3

Original to Insurer

This document must be signed by you and the producer, if there is one, and a copy left with you.

☐ Genworth Life Insurance Company ☐ Genworth Life and Annuity Insurance Company

Replacement information

The Genworth Financial insurance companies listed above are referred to as “we” in this document.

The owner is referred to as “you” and “your.”

Both questions to the right must be answered.

If either of the answers is “yes,” provide the information noted below and complete the producer replacement sales certification on page 2.

This document must be signed by you and the producer, if there is one, and a copy left with you.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the last page of this form.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

☐ Yes ☐ No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

☐ Yes ☐ No

The existing policy or contract is being replaced because:

.

If you answered “Yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

| | |
|------------------------|--|
| Insurer name | Contract/policy number |
| . | . |
| Insured/annuitant name | Select one |
| . | <input type="radio"/> Replaced <input type="radio"/> Financing |
| Insurer name | Contract/policy number |
| . | . |
| Insured/annuitant name | Select one |
| . | <input type="radio"/> Replaced <input type="radio"/> Financing |
| Insurer name | Contract/policy number |
| . | . |
| Insured/annuitant name | Select one |
| . | <input type="radio"/> Replaced <input type="radio"/> Financing |

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.



Free Look Period

Upon issuance of your new policy or contract, the policy may be returned within 30 days from the date of delivery. **This return period may be different from what is reflected in your policy or contract; if so, the longer period will be applicable.**

Signature

If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity in which you are acting.

If you return the policy, you will be entitled to receive:

- In Utah: an unconditional full refund of all premiums or considerations paid on the policy or contract
- All other states: an unconditional full refund of all premiums or considerations paid on the policy or contract, including any policy fees or charges or, in the case of a variable or market value adjustment contract, a payment of the cash surrender value provided under the contract plus the fees and other charges deducted from gross premiums or considerations or imposed under the contract.

I certify that the responses herein are, to the best of my knowledge, accurate:

Owner signature

Owner printed name

Date

X☐ Trustee☐ Attorney-in-fact POA☐ Guardian☐ Title/ Office☐ Other

Joint Owner signature

Joint Owner printed name

Date

X☐ Trustee☐ Attorney-in-fact POA☐ Guardian☐ Title/ Office☐ Other

Producer signature

Producer printed name

Date

X

I do not want this notice read aloud to me. *Applicants must initial only if they do not want the notice read aloud.*

.

*And copies of all sales material were left with the applicant.

I, the producer, certify that: (a) only company-approved sales materials were used in this transaction and they are appropriate for the policy or contract applied for*; (b) if used, any company-approved electronic sales materials will be printed and provided to the policy or contract owner prior to or at policy or contract delivery; (c) this sale conforms with the company's replacement policy (set forth below).

Producer must sign at right.

Producer signature

Date

X

.

Replacement policy

We believe that replacement of an existing insurance or annuity policy must be appropriate for the customer and meet his or her needs or financial objectives. From a customer's perspective, an appropriate replacement is also one that is justified from either an economic or personal standpoint. The provisions, features and benefits of both the current and proposed product should be considered in relation to the client's needs, circumstances and goals. Some examples of the types of provisions that should be considered are: premium rate differences, differences in suicide and incontestability provisions for individual life insurance and pre-existing conditions, waiting periods, elimination periods, and probationary periods for health insurance policies. In addition, factors such as the age and health of the customer must be considered. Distributors are expected to provide all material information that the customer needs in order to ascertain whether replacement of an existing policy or contract is appropriate.

All replacements must be in compliance with applicable regulations and company rules. Many states require accurate written comparisons of existing and proposed contracts to be provided to the customer when proposing a replacement. Distributors are expected to know and comply with these requirements.

Important notice

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts.

You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

Premiums

Are they affordable? Could they change? You're older—are premiums higher for the proposed new policy? How long will you have to pay premiums on the new policy? On the old policy?

Policy values

New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?

Insurability

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

If you are keeping the old policy as well as the new policy

How are premiums for both policies being paid? How will the premiums on your existing policy be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

If you are surrendering an annuity or interest sensitive life product

Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract? Have you compared the contract charges or other policy expenses?

Other issues to consider for all transactions

What are the tax consequences of buying the new policy? Is this a tax free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?

Mailing instructions

Mail this form with the application.

Annuity New Business:

[P.O. Box 40011 Lynchburg, VA 24506]

Fixed Life New Business for Genworth Life and Annuity Insurance Company:

[P.O. Box 320, Lynchburg, VA 24505-0320]

Fixed Life and Linked Benefit New Business for Genworth Life Insurance Company:

[P.O. Box 461, Lynchburg, VA 24505-0461]

For questions call:

Variable Annuities: [800 352.9910]

Fixed Annuities: [800 221.9501]

Single Premium Immediate Annuities: [888 325.5433]

Fixed or variable life: [888 325.5433]

Important notice: replacement of life insurance or annuities

from Genworth Life and Annuity Insurance Company
and Genworth Life Insurance Company

Page 1 of 3

Copy to Applicant

This document must be signed by you and the producer, if there is one, and a copy left with you.

☐ Genworth Life Insurance Company ☐ Genworth Life and Annuity Insurance Company

Replacement information

The Genworth Financial insurance companies listed above are referred to as “we” in this document.

The owner is referred to as “you” and “your.”

Both questions to the right must be answered.

If either of the answers is “yes,” provide the information noted below and complete the producer replacement sales certification on page 2.

This document must be signed by you and the producer, if there is one, and a copy left with you.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the last page of this form.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

☐ Yes ☐ No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

☐ Yes ☐ No

The existing policy or contract is being replaced because:

.

If you answered “Yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

| | |
|------------------------|--|
| Insurer name | Contract/policy number |
| . | . |
| Insured/annuitant name | Select one |
| . | <input type="radio"/> Replaced <input type="radio"/> Financing |
| Insurer name | Contract/policy number |
| . | . |
| Insured/annuitant name | Select one |
| . | <input type="radio"/> Replaced <input type="radio"/> Financing |
| Insurer name | Contract/policy number |
| . | . |
| Insured/annuitant name | Select one |
| . | <input type="radio"/> Replaced <input type="radio"/> Financing |

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.



Free Look Period

Upon issuance of your new policy or contract, the policy may be returned within 30 days from the date of delivery. **This return period may be different from what is reflected in your policy or contract; if so, the longer period will be applicable.**

Signature

If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity in which you are acting.

If you return the policy, you will be entitled to receive:

- In Utah: an unconditional full refund of all premiums or considerations paid on the policy or contract
- All other states: an unconditional full refund of all premiums or considerations paid on the policy or contract, including any policy fees or charges or, in the case of a variable or market value adjustment contract, a payment of the cash surrender value provided under the contract plus the fees and other charges deducted from gross premiums or considerations or imposed under the contract.

I certify that the responses herein are, to the best of my knowledge, accurate:

Owner signature

Owner printed name

Date

X☐ Trustee☐ Attorney-in-fact POA☐ Guardian☐ Title/ Office☐ Other

Joint Owner signature

Joint Owner printed name

Date

X☐ Trustee☐ Attorney-in-fact POA☐ Guardian☐ Title/ Office☐ Other

Producer signature

Producer printed name

Date

X

I do not want this notice read aloud to me. *Applicants must initial only if they do not want the notice read aloud.*

.

*And copies of all sales material were left with the applicant.

I, the producer, certify that: (a) only company-approved sales materials were used in this transaction and they are appropriate for the policy or contract applied for*; (b) if used, any company-approved electronic sales materials will be printed and provided to the policy or contract owner prior to or at policy or contract delivery; (c) this sale conforms with the company's replacement policy (set forth below).

Producer must sign at right.

Producer signature

Date

X

.

Replacement policy

We believe that replacement of an existing insurance or annuity policy must be appropriate for the customer and meet his or her needs or financial objectives. From a customer's perspective, an appropriate replacement is also one that is justified from either an economic or personal standpoint. The provisions, features and benefits of both the current and proposed product should be considered in relation to the client's needs, circumstances and goals. Some examples of the types of provisions that should be considered are: premium rate differences, differences in suicide and incontestability provisions for individual life insurance and pre-existing conditions, waiting periods, elimination periods, and probationary periods for health insurance policies. In addition, factors such as the age and health of the customer must be considered. Distributors are expected to provide all material information that the customer needs in order to ascertain whether replacement of an existing policy or contract is appropriate.

All replacements must be in compliance with applicable regulations and company rules. Many states require accurate written comparisons of existing and proposed contracts to be provided to the customer when proposing a replacement. Distributors are expected to know and comply with these requirements.

Important notice

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts.

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New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?

Insurability

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

If you are keeping the old policy as well as the new policy

How are premiums for both policies being paid? How will the premiums on your existing policy be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

If you are surrendering an annuity or interest sensitive life product

Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract? Have you compared the contract charges or other policy expenses?

Other issues to consider for all transactions

What are the tax consequences of buying the new policy? Is this a tax free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?

Mailing instructions

Mail this form with the application.

Annuity New Business:

[P.O. Box 40011 Lynchburg, VA 24506]

Fixed Life New Business for Genworth Life and Annuity Insurance Company:

[P.O. Box 320, Lynchburg, VA 24505-0320]

Fixed Life and Linked Benefit New Business for Genworth Life Insurance Company:

[P.O. Box 461, Lynchburg, VA 24505-0461]

For questions call:

Variable Annuities: [800 352.9910]

Fixed Annuities: [800 221.9501]

Single Premium Immediate Annuities: [888 325.5433]

Fixed or variable life: [888 325.5433]

| | | | | | |
|-----------------------------|---------------------------------------|--------------------------|---------------------------------|----------------------------|--------------|
| SERFF Tracking #: | GEFA-128698975 | State Tracking #: | | Company Tracking #: | GNW1800 0812 |
| | | | | | |
| State: | Arkansas | Filing Company: | Genworth Life Insurance Company | | |
| TOI/Sub-TOI: | L08 Life - Other/L08.000 Life - Other | | | | |
| Product Name: | GNW1800 0812 | | | | |
| Project Name/Number: | GNW1800 0812/GNW1800 0812 | | | | |

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------|----------------------|--------------|--------------|
| Satisfied - Item: | Flesch Certification | | |
| Comments: | | | |
| Attachment(s): | | | |
| ARcomp1.pdf | | | |

| | | Item Status: | Status Date: |
|-------------------|-------------|--------------|--------------|
| Satisfied - Item: | Variability | | |
| Comments: | | | |
| Attachment(s): | | | |
| COV_GNW1800.pdf | | | |

ARKANSAS CERTIFICATION

GNW1800 0812, Important notice: replacement of life insurance or annuities

The Company certifies that we will maintain compliance with Rule and Regulation 19 (Unfair Sex Discrimination).

The Company certifies that we will maintain compliance with Rule and Regulation 49 (Life and Health Guaranty Association Notices).

The Company certifies that we will maintain compliance with requirements on Consumer Information Notices.

Flesch score, when scored with the underlying policy, exceeds state requirements.

For Genworth Life Insurance Company

A handwritten signature in cursive script, reading "Paul Loveland". The signature is written in dark ink and is positioned above a horizontal line.

Paul Loveland
Vice President Product Compliance

CERTIFICATION OF VARIABILITY
Genworth Life and Annuity Insurance Company
Genworth Life Insurance Company
September 24, 2012

GNW1800 0812, Important notice: replacement of life insurance or annuities

We have bracketed certain information within the above-mentioned forms to indicate variability. We certify that any change shall be limited to only new issue and shall not apply to in force contracts.

| | |
|---------------------|--|
| Mailing Information | Accommodates changes in servicing locations address. Accommodates changes in telephone numbers. |
|---------------------|--|

We hereby certify the final form issued to the consumer will not contain brackets denoting variable text. Any variable text included in this Statement of Variability will be effective only for future issues. The use of variable text will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination. Only text included in this Statement will be allowed to be used on the referenced forms received by consumers. Any changes to variable text or permissible range of values will be submitted for approval prior to implementation.



Paul Loveland, Vice President Product Compliance

| | | | |
|-----------------------------|---------------------------------------|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Genworth Life Insurance Company |
| TOI/Sub-TOI: | L08 Life - Other/L08.000 Life - Other | | |
| Product Name: | GNW1800 0812 | | |
| Project Name/Number: | GNW1800 0812/GNW1800 0812 | | |

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|---------------|----------|-------------------------------|------------------------------|----------------------------------|
| 09/24/2012 | Form | Important notice: replacement | 09/24/2012 | FleschScoreCert.pdf (Superceded) |

FLESCH SCORE CERTIFICATION
GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
GENWORTH LIFE INSURANCE COMPANY

We certify that to the best of our knowledge and belief, the Flesch score of the below-referenced forms meet any readability requirements in effect in your state:

| Form Number | Description | Flesch Score |
|--------------|--|---|
| GNW1800 0812 | Amendment of Application for Reinstatement of Insurance Policy | When scored with underlying contract, will equal or exceed 50 |



By: _____
Vice President, Product Compliance